

SERFF Tracking Number: CAPC-125799833 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-LIAB-FO-CW-090
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Liability Dec Changes Filing
Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

Filing at a Glance

Company: Capitol Indemnity Corporation
Product Name: Liability Dec Changes Filing SERFF Tr Num: CAPC-125799833 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-LIAB-FO-CW-090 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Amanda Mullen Disposition Date: 09/18/2008
Date Submitted: 09/04/2008 Disposition Status: Approved
Effective Date Requested (New): 11/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Liability Dec Changes Filing Status of Filing in Domicile: Authorized
Project Number: 08-LIAB-FO-CW-090 Domicile Status Comments: Approved on 08/22/2008
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/18/2008
State Status Changed: 09/18/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Commercial General Liability Coverage Part Declarations CICL 042 (06-08)
Commercial General Liability Schedule CICL 043 (06-08)
Commercial Liquor Liability Coverage Part Declarations CICL 077 (06-08)
Filing Number: 08-LIAB-FO-CW-090
Effective Date: 11/01/08 new business, 01/01/09 renewal business

SERFF Tracking Number: CAPC-125799833 *State:* Arkansas
Filing Company: Capitol Indemnity Corporation *State Tracking Number:* EFT \$50
Company Tracking Number: 08-LIAB-FO-CW-090
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: Liability Dec Changes Filing
Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

NAIC Number: 10472

Please replace Commercial General Liability Coverage Part Declarations CICL 042 (06-00) with the attached final printed copy of Commercial General Liability Coverage Part Declarations CICL 042 (06-08) and Commercial General Liability Schedule CICL 043 (10-93) with the attached final printed copy of Commercial General Liability Schedule CICL 043 (06-08). Please replace Commercial Liquor Liability Coverage Part Declarations CICL 077 (04-94) with the attached final printed copy of Commercial Liquor Liability Coverage Part Declarations CICL 077 (06-08).

Explanatory Memo

For both CICL 042 & CICL 043:

We have replaced the Company name and address with placeholders for the Company name and address. We moved the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" from the body of the dec page to the Policy Period in the information section of the page. We have also deleted the wording "Policy Period" from the body of the dec page to avoid repetition.

For CICL 077:

We have added the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" under the Policy Period in the information section of the page. We have also replaced the Company name and address with placeholders for the Company name and address.

These dec pages are mandatory.

Thank you for your time and consideration of this filing.

Amanda Mullen
Product Analyst

SERFF Tracking Number: CAPC-125799833 State: Arkansas
 Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
 Company Tracking Number: 08-LIAB-FO-CW-090
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Liability Dec Changes Filing
 Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

Company and Contact

Filing Contact Information

Amanda Mullen, akmullen@capitolindemnity.com
 PO Box 5900 (608) 829-4839 [Phone]
 Madison, WI 53705 (608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin
 PO Box 5900 Group Code: 501 Company Type:
 Madison, WI 53705 Group Name: State ID Number:
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One forms filing @ \$50 each.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	09/04/2008	22280657

SERFF Tracking Number:	CAPC-125799833	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-LIAB-FO-CW-090		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Liability Dec Changes Filing		
Project Name/Number:	Liability Dec Changes Filing/08-LIAB-FO-CW-090		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/18/2008	09/18/2008

SERFF Tracking Number: *CAPC-125799833* *State:* *Arkansas*
Filing Company: *Capitol Indemnity Corporation* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-LIAB-FO-CW-090*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Liability Dec Changes Filing*
Project Name/Number: *Liability Dec Changes Filing/08-LIAB-FO-CW-090*

Disposition

Disposition Date: 09/18/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125799833 State: Arkansas

Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Side by Side Comparisons	Approved	Yes
Form	Commercial General Liability Coverage Part Declarations	Approved	Yes
Form	Commercial General Liability Schedule	Approved	Yes
Form	Commercial Liquor Liability Coverage Part Declarations	Approved	Yes

SERFF Tracking Number: CAPC-125799833 State: Arkansas

Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial General Liability Coverage Part Declarations	CICL 042	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICL 042 (06-00) Previous Filing #:		VIII CICL042 0608 Filing Copy.pdf
Approved	Commercial General Liability Schedule	CICL 043	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICL 043 (10-93) Previous Filing #:		VIII CICL043 0608 Filing Copy.pdf
Approved	Commercial Liquor Liability Coverage Part Declarations	CICL 077	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICL 077 (04-94) Previous Filing #:		VIII CICL077 06-08 Filing Copy.pdf

[Insert Company Name]
[Insert Company Mailing Address]

COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
12:01 A.M. Standard Time at the address of the insured stated herein		
NAMED INSURED AND ADDRESS	AGENT	

General Aggregate Limit
(Other Than Products-Completed Operations)
Products-Completed Operations Aggregate Limit
Personal and Advertising Injury Limit
Each Occurrence Limit
Damage To Premises Rented To You Limit

Any One
Fire
Any One
Person

Medical Expense Limit

BUSINESS DESCRIPTION AND LOCATION OF PREMISES
Form of Business:

Business Description:

Location of All Premises You Own, Rent or Occupy:

SEE ATTACHED LOCATION SCHEDULE, FORM # CICG 176

PREMIUM

Classification	Code No.	Premium Basis	Rate Pr/Co	Other	Advance Pr/Co	Premium Other
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SEE ATTACHED COMMERCIAL GENERAL LIABILITY SCHEDULE # CICL 043

Total Advance Premium *

* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT.
ADDITIONAL OR RETURN PREMIUM MAY BE DUE.

FORMS AND ENDORSEMENTS: SEE COMMERCIAL GENERAL LIABILITY COVERAGE PART
FORM SCHEDULE # CICL 044

COUNTERSIGNED

By _____
Authorized Representative

[Insert Company Name]
[Insert Company Mailing Address]

COMMERCIAL GENERAL
LIABILITY SCHEDULE

POLICY NUMBER	POLICY PERIOD	AGENCY
12:01 A.M. Standard Time at the address of the insured stated herein		
NAMED INSURED AND ADDRESS	AGENT	

EFFECTIVE DATE OF CHANGE: -
12:01 A.M. Standard Time at the address of the insured stated herein

Classification	Code No.	Premium Basis	Pr/Co	Rate Other	Advance Pr/Co	Premium Other
----------------	-------------	------------------	-------	---------------	------------------	------------------

[Insert Company Name]
[Insert Company Mailing Address]

COMMERCIAL LIQUOR LIABILITY
COVERAGE PART DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
---------------	---------------	--------

12:01 A.M. Standard Time at the address of the insured stated herein

NAMED INSURED AND ADDRESS	AGENT
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LIQUOR LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

AGGREGATE LIMIT \$

EACH COMMON CAUSE LIMIT \$

Classification	Code No.	Premium Basis	Rate	Advance Premium
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Balance To Meet Minimum
Total Advance Premium

THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT.
ADDITIONAL OR RETURN PREMIUMS MAY BE DUE

FORMS AND ENDORSEMENTS (other than applicable form and endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
SEE COMMERCIAL LIQUOR LIABILITY COVERAGE PART FORM SCHEDULE # CICL 076

Countersigned By _____
Authorized Representative

<i>SERFF Tracking Number:</i>	<i>CAPC-125799833</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-LIAB-FO-CW-090</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Liability Dec Changes Filing</i>		
<i>Project Name/Number:</i>	<i>Liability Dec Changes Filing/08-LIAB-FO-CW-090</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125799833 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-LIAB-FO-CW-090
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Liability Dec Changes Filing
Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/18/2008

Comments:

Attachment:

AR Liab Trans Doc.pdf

Satisfied -Name: Side by Side Comparisons **Review Status:** Approved 09/18/2008

Comments:

Attachments:

CICL 042 Comparison.pdf

CICL 043 Comparison.pdf

CICL 077 Comparison.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

~~P.O. Box 5900 Madison, WI 53705~~

COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS	AGENT	

~~POLICY PERIOD: -~~
~~12:01 A.M. Standard Time at the address of the insured stated herein~~

General Aggregate Limit
(Other Than Products-Completed Operations)
Products-Completed Operations Aggregate Limit
Personal and Advertising Injury Limit
Each Occurrence Limit
Damage To Premises Rented To You Limit

Medical Expense Limit

Any One
Fire
Any One
Person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES
Form of Business:

Business Description:

Location of All Premises You Own, Rent or Occupy:

SEE ATTACHED LOCATION SCHEDULE, FORM # CIGG 176

PREMIUM

Classification	Code No.	Premium Basis	Rate Pr/Co	Other	Advance Pr/Co	Premium Other
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SEE ATTACHED COMMERCIAL GENERAL LIABILITY SCHEDULE # CIGL 043

Total Advance Premium *

* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT.
ADDITIONAL OR RETURN PREMIUM MAY BE DUE.

FORMS AND ENDORSEMENTS: SEE COMMERCIAL GENERAL LIABILITY COVERAGE PART
FORM SCHEDULE # CIGL 044

COUNTERSIGNED

By _____
Authorized Representative

CICL 042 (~~06-00~~)

[Insert Company Name]
[Insert Company Mailing Address]

COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
12:01 A.M. Standard Time at the address of the insured stated herein		
NAMED INSURED AND ADDRESS	AGENT	

General Aggregate Limit
(Other Than Products-Completed Operations)
Products-Completed Operations Aggregate Limit
Personal and Advertising Injury Limit
Each Occurrence Limit
Damage To Premises Rented To You Limit

Any One
Fire
Any One
Person

Medical Expense Limit

BUSINESS DESCRIPTION AND LOCATION OF PREMISES
Form of Business:

Business Description:

Location of All Premises You Own, Rent or Occupy:

SEE ATTACHED LOCATION SCHEDULE, FORM # CICG 176

PREMIUM

Classification	Code No.	Premium Basis	Rate Pr/Co	Other	Advance Pr/Co	Premium Other
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SEE ATTACHED COMMERCIAL GENERAL LIABILITY SCHEDULE # CICL 043

Total Advance Premium *

* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT.
ADDITIONAL OR RETURN PREMIUM MAY BE DUE.

FORMS AND ENDORSEMENTS: SEE COMMERCIAL GENERAL LIABILITY COVERAGE PART
FORM SCHEDULE # CICL 044

COUNTERSIGNED

By _____
Authorized Representative

~~P.O. Box 5900 Madison, WI 53705~~COMMERCIAL GENERAL
LIABILITY SCHEDULE

POLICY NUMBER	POLICY PERIOD	AGENCY
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NAMED INSURED AND ADDRESS	AGENT
---------------------------	-------

~~POLICY PERIOD:~~

12:01 A.M. Standard Time at the address of the insured stated herein

Classification	Code No.	Premium Basis	Pr/Co	Rate	Other	Advance Pr/Co	Premium Other
----------------	-------------	------------------	-------	------	-------	------------------	------------------

DATE -

CICL 043 (~~10-99~~)

[Insert Company Name][Insert Company Mailing Address]**COMMERCIAL GENERAL
LIABILITY SCHEDULE**

POLICY NUMBER	POLICY PERIOD	AGENCY
<u>12:01 A.M. Standard Time at the address of the insured stated herein</u>		
NAMED INSURED AND ADDRESS	AGENT	

EFFECTIVE DATE OF CHANGE:

-

12:01 A.M. Standard Time at the address of the insured stated herein

Classification	Code No.	Premium Basis	Pr/Co	Rate Other	Advance Pr/Co	Premium Other
----------------	-------------	------------------	-------	---------------	------------------	------------------

DATE -

CICL 043 (06-08)

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
---------------	---------------	--------

NAMED INSURED AND ADDRESS	AGENT
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LIQUOR LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

AGGREGATE LIMIT \$

EACH COMMON CAUSE LIMIT \$

	Code	Premium		Advance
Classification	No.	Basis	Rate	Premium

Balance To Meet Minimum
Total Advance Premium

THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT.
ADDITIONAL OR RETURN PREMIUMS MAY BE DUE.

FORMS AND ENDORSEMENTS (other than applicable form and endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
SEE COMMERCIAL LIQUOR LIABILITY COVERAGE PART FORM SCHEDULE # CICL 076

Countersigned

By _____
Authorized Representative

[Insert Company Name]

[Insert Company Mailing Address]

COMMERCIAL LIQUOR LIABILITY
COVERAGE PART DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
---------------	---------------	--------

12:01 A.M. Standard Time at the address of the insured stated herein

NAMED INSURED AND ADDRESS	AGENT
---------------------------	-------

LIQUOR LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

AGGREGATE LIMIT \$

EACH COMMON CAUSE LIMIT \$

Classification	Code No.	Premium Basis	Rate	Advance Premium
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Balance To Meet Minimum
Total Advance Premium

THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT.
ADDITIONAL OR RETURN PREMIUMS MAY BE DUE

FORMS AND ENDORSEMENTS (other than applicable form and endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
SEE COMMERCIAL LIQUOR LIABILITY COVERAGE PART FORM SCHEDULE # CICL 076

Countersigned

By _____
Authorized Representative